

health care, all told. This bill will add, over a true 10-year period, another \$2.5 trillion to the cost. So it will result in almost \$5 trillion in health care spending. Why don't they admit it is going to be at least \$2.5 trillion? They do not admit it because for the first 3 or 4 years they count the taxes that are charged, but they do not implement the program until 2014 in the Reid bill. It is 2013 in the House bill, and even 2014 in some aspects of the House bill. That is the only reason they can say it is about \$1 trillion. It is actually \$2.5 trillion according to figures from the Senate Budget Committee, using the figures of the Congressional Budget Office.

I hate to see \$500 billion come out of Medicare, at a time when Medicare is going to go insolvent by 2017 or 2018. I think it is absurd. I think it is ridiculous. I do not blame the seniors for being upset, and they are very upset throughout this country. They have reason to be upset. I urge my colleagues to support the McCain motion to commit this bill, and let's get working on a truly bipartisan bill.

There are some of us who have the reputation of working with the other side in a bipartisan way. We want to do it. We want to get it done. We want the vast majority of the people in this country happy with the final bill. We want to have between 75 and 80 votes, as a minimum, to pass this bill. That way, there would be at least some assurance that it was a bipartisan bill and it might have a real chance to work. But if we pass this bill 60 to 40, let's be honest about it, you know it is a lousy bill.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first, let me thank the Senator from Montana, Mr. BAUCUS, for bringing forward a bill that has been long overdue on the Senate floor.

This is a historic moment as we debate health care reform. Many of us have been looking forward to this moment for many years. As to this bill, the Congressional Budget Office has now confirmed, for the overwhelming majority of Americans, it will bring down their health care insurance premiums.

This bill will bring down the growth rate of health care costs. It will provide affordable options for millions of Americans who today have been denied the opportunity to buy health insurance.

The Congressional Budget Office tells us that it will insure 31 million Americans who otherwise would not have insurance, bringing down the uninsured rate. And, most importantly, the Congressional Budget Office—that objective scorekeeper; that is not Democrats, not Republicans; this is the objective scorekeeper—tells us this bill will bring down the Federal deficit.

So it is a responsible bill, a bill that will provide affordable insurance op-

tions for millions of Americans who are denied insurance today. It will reduce our deficit, and will start to get a handle on the escalating cost of health care. It saves money. It saves lives through prevention and early detection of diseases, and by expanded coverage. And it saves Medicare.

Why does it save Medicare? Because many of us who have been here for a long time understand that the only way you can bring down the cost of Medicare is to bring down the cost of health care. That is exactly what this bill does, providing for the long-term safety of Medicare for our seniors.

It also expands benefits for our seniors in prevention and helps to start to fill the doughnut hole in prescription drug coverage. The underlying bill moves us toward what we need to do in health care reform. It brings down health care costs. How? By managing diseases and understanding the way we pay for diseases today is where most of the cost in health care is. This helps us manage diseases. It expands insurance coverage, which will bring down costs. It provides for investments in health information technology so we can bring down the administrative costs, and it invests in wellness and prevention.

AMENDMENT NO. 2791

Mr. President, I rise today to encourage my colleagues to support the Mikulski amendment, which will ensure women have access to essential preventive services. The leading causes of death for women are heart disease, cancer, and stroke. Early screening for risk factors could prevent many of these deaths and lead to improved health and quality of life for women. But despite the benefits of early screening, many insurers do not cover them, and too often women skip them because the costs are prohibitive. We know early detection of disease saves lives, and so we must ensure that needed preventive services are available to all Americans, regardless of gender.

I have long worked to improve access to preventive services. Knowing what we do now about the importance of prevention, it seems hard to believe that before 1998 Medicare did not cover cancer screenings or other preventive services. I am proud of a bill I authored in 1997 as a Member of the House of Representatives. It established the first package of preventive benefits in traditional Medicare. It was part of the 1997 Balanced Budget Act, and it would not have passed but for strong bipartisan support.

Medicare now covers screenings for breast, colon, and prostate cancer, bone mass measurement for osteoporosis, diabetes testing supplies, glaucoma, and more. Last year's bill, the Medicare Improvements for Patients and Providers Act, gave HHS the authority to expand the list of covered services so that as new, highly effective procedures are discovered, they can be made available to beneficiaries without having to wait the length of

time for Congress to act. This bill wisely builds on the benefit package for seniors and expands it to cover all Americans as part of their insurance coverage. We are expanding prevention and making sure it is available so all Americans will have a better insurance product that will cover preventive services.

Basic screenings can have an enormous impact on health and save money in the long run. Chronic disease incurs a huge cost for our health care system. Today, more than half of Americans live with at least one chronic condition, accounting for 75 percent of all health care spending each year. To bend the cost curve, we need to reduce the onset of chronic diseases before they become much more expensive to treat.

The American Cancer Society reports that the incidence of cervical cancer and mortality rates have decreased by 67 percent over the past three decades. This is mainly attributable to the introduction of the Pap test. The average cost for normal cervical screening in 2004 was \$31. In contrast, the treatment for early-stage cervical cancer averaged \$20,255, and the treatment for late-stage cervical cancer was almost \$37,000. Screening saves lives, saves money. The bill before us invests in prevention. It will save money. It will save lives.

Breast cancer screening has also been shown to reduce mortality. Early-stage diagnosis gives a 5-year survival rate of 98 percent, and statistics compiled by the American Cancer Society indicate that 61 percent of breast cancers are diagnosed at this stage, largely due to mammographies and other early screening methods.

The bill before us guarantees coverage for a number of services to promote public health and wellness and to prevent devastating chronic disease. Some of these measures include providing coverage for everyone for services that have an "A" or "B" rating by the U.S. Preventive Services Task Force. These tests and screenings are either recommended or strongly recommended and include screenings for osteoporosis, colon cancer, and would be covered with no cost sharing—a strong incentive for people taking advantage of these screenings.

Covering immunizations recommended for adults by the Advisory Committee on Immunization Practices of the CDC is also covered. Preventive care services and screenings for infants, children, and adolescents that are supported in comprehensive guidelines from the Health Resources and Services Administration—all that is in the underlying bill that will save us money and will save us lives.

In addition to these vital services, the women's preventive health services must also be covered, the Mikulski amendment. The Mikulski amendment extends the preventive services covered by the bill to those evidence-based services for women that are recommended by the Health Resources